



2876  
012

Attorney Docket No.: 31644-8002.US01

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Date: September 19, 2005

*Maureen Golob*  
Maureen Golob

**UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF:

LARRY ROUTHENSTEIN

APPLICATION No.: 09/960,715

FILED: SEPTEMBER 21, 2001

FOR: **METHOD FOR GENERATING CUSTOMER  
SECURE CARD NUMBERS**

EXAMINER: TAYLOR, APRIL A.

ART UNIT: 2876

CONF. No.: UNKNOWN

ATTORNEY DOCKET No.:  
31644-8002.US01

Commissioner for Patents  
P.O. Box 1450  
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**TRANSMITTAL FOR REVOCATION OF POWER OF ATTORNEY WITH NEW  
POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

- ☒ Transmitted herewith is:
- ☒ Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address;
  - ☒ Change of Address; and
  - ☒ Return postcard.
- ☒ Applicant believes that there are no fees due; however, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2207.

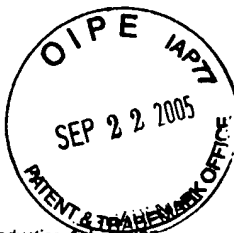
Respectfully submitted,

Paul L. Hickman, Reg. No. 28,516

Date: September 19, 2005

**Correspondence Address:**

Customer No. 22918  
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PTO/SB/82 (04-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/960,715
Filing Date	September 21, 2001
First Named Inventor	Larry ROUTHENSTEIN
Art Unit	2876
Examiner Name	TAYLOR, April Alicia
Attorney Docket Number	31644-8002.US01

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 22918

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number: 22918

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

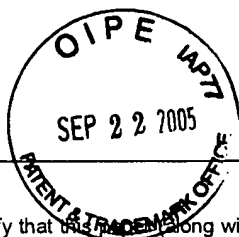
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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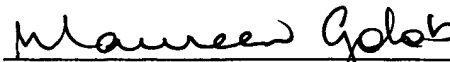
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**PATENT**

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**Change of Address**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Effective immediately, please direct all further communications in the above-identified patent application to the following address:

**Paul L. Hickman  
Perkins Coie LLP  
P. O. Box 2168  
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Respectfully submitted,  
Perkins Coie LLP



Paul L. Hickman  
Registration No. 28,516

Date: September 19, 2005

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